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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/768,156 | | | ing Date 29/2004 | ☐ To be Mailed |
|--|---|---|---------------------------------------|---|--|---|--|------------------------|----|-----------------------|------------------------|
| APPLICATION AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | | | HER THAN ALL ENTITY |
| FOR | | | IUMBER FI | .ED NU | MBER EXTRA | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | N/A | | ı | N/A | |
| SEARCH FEE (37 CFR 1.16(k), (i), or (m)) | | | N/A | | N/A | 1 | N/A | | l | N/A | |
| EXAMINATION FEE (37 CFR 1.16(o), (p), or (q)) | | | N/A | | N/A | | N/A | | l | N/A | |
| TOTAL CLAIMS (37 CFR 1.16(i)) | | | mir | us 20 = * | | 1 | x \$ = | | OR | x s = | |
| INDEPENDENT CLAIMS (37 CFR 1.16(h)) | | | minus 3 = * | | | 1 | x s = | | 1 | X S = | |
| | APPLICATION SIZE 37 CFR 1.16(s)) | FEE she is \$ add | ets of pap 250 (\$125 tional 50 | ation and drawin er, the application for small entity) sheets or fraction a)(1)(G) and 37 | n size fee due for each n thereof. See | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | |] | | | ı | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | | | TOTAL | L |
| APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY | | | | | | | | | | | |
| AMENDMENT | 04/07/2011 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1.16(i)) | · 15 | Minus | ·· 25 | = 0 | ı | x \$ = | | OR | X \$52= | 0 |
| | Independent (37 CFR 1.16(h)) | • 3 | Minus | ···3 | = 0 | ı | X \$ = | | OR | X \$220= | 0 |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | _ | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | П | | | OR | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1,16()) | • | Minus | | = | | X \$ = | | OR | x s = | |
| № | Independent (37 CFR 1 16(h)) | • | Minus | *** | - | l | x s = | | OR | x s = | |
| Ē | Application Size Fee (37 CFR 1.16(s)) | | | | | l | | | | | |
| ₹ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| | | | | | | | | | OR | TOTAL ADD'L FEE | |
| If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "30". The "Highest Number Previously Paid For" (In Italia SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (In Italia or Independent) is the highest number found in the appropriate box in column 1. The collection of Internation is equal by 37 CERT 1.6 The infernation is equal enterty of the internation is equal to 1.5 The collection of the internation is equal to 1.5 The collection of the internation is equal to 1.5 The collection of the internation is equal to 1.5 The collection of the internation is equal to 1.5 The collection of the internation is equal to 1.5 The collection of the internation is equal to 1.5 The collection of the internation is equal to 1.5 The collection of the internation is equal to 1.5 The collection of the internation is equal to 1.5 The collection of the internation is equal to 1.5 The internation is equal to 1.5 The | | | | | | | | | | | |

This collection of information is required by 37 CFR 11.6. The information is required to delian or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentially 35 opened by 38 opened by 38 CFR 11.6. This collection is estimated to take 12 nimulates to complete, including gathering, preparing, and submitted the completed application form to the USE 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burdon, should be sent to the CFM Information Ciber. U. S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, Alexandrius, VA 22319-1.6. D.O. NOT 1550, JASPA 2000. THIS STOT THIS ADDRESS SERVIN TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22319-1.6. D.O. NOT 1550, JASPA 22319-1.450.